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# SASKATCHEWAN FORMULARY COMMITTEE BULLETIN UPDATE TO THE 57th EDITION OF THE SASKATCHEWAN FORMULARY

The following listings are effective **April 1, 2008** unless otherwise indicated.

## NEW FULL FORMULARY INTERCHANGEABLE LISTINGS:

- Atenolol, tablet, 25mg (Gen-Atenolol)
- Ethinyl estradiol/L-Norgestrel, tablet, 0.02mg/0.1mg (21 tablet, 28 tablet) (Aviane-APX) Health Canada has declared this product equivalent to the innovator comparator, Alesse.
- Metoprolol tartrate, tablet, 25mg (Gen-Metoprolol-GPM)

## REVISED EXCEPTION DRUG STATUS (EDS) CRITERIA:

The EDS criteria has been revised as follows for the following products:

**NEW SAFETY INFORMATION:**
Desmopressin, intranasal solution, 10ug/dose (DDAVP-FEI) (Apo-Desmopressin-APX)

The following EDS criteria has been **removed**: For the treatment of nocturnal enuresis in children. This change is in response to new safety information. The tablets will still be available for this indication.

**HEALTH CANADA ALERT**
Telithromycin, tablet, 400mg (Ketek-AVT)

EDS criteria has been **revised** as follows: For the treatment of pneumonia, known to be resistant or unresponsive to listed alternatives and for pneumonia in patients allergic to listed alternatives.

- Almotriptan malate, tablet, 6.25mg, 12.5mg (Axert-JAN); naratriptan HCl, tablet, 1mg, 2.5mg (Amerge-GSK); rizatriptan benzoate, tablet, 5mg, 10mg (Maxalt-MSD), wafer, 5mg, 10mg (Maxalt RPD-MSD); sumatriptan, tablet, 25mg, 50mg, 100mg; injection solution, 6mg/0.5mL; nasal spray, 5mg, 20mg (Imitrex-GSK); zolmitriptan, tablet, 2.5mg (Zomig-AST); orally dispersible tablet, 2.5mg (Zomig Rapimelt-AST) For the treatment of migraine headaches in patients over 18 years of age (the 65 year upper limit has been removed.) The quantity limit will remain.

## EXCEPTION DRUG STATUS (EDS) DRUGS APPROVED FOR A NEW INDICATION:

- Adalimumab, pre-filled syringe, 40mg/0.8ml (Humira-ABB)
  The above product has been recommended for coverage for the treatment of Crohn's disease according to the following criteria:

  **Initially for a 6 month period**: For the treatment of moderate to severely active Crohn's disease in patients refractory to or with contraindications to an adequate course of 5-aminosalicylic acid and corticosteroids and other immunosuppressive therapy. Eligible patients should receive an induction dose of 160mg followed by 80mg two weeks later. Clinical response to adalimumab should be assessed four weeks after the first induction dose, using criteria such as a 100 point reduction in the Crohn's Disease Activity Index (CDAI).

  **Ongoing coverage:** Adalimumab maintenance therapy should only be provided for responders, as noted above, and for a dose not exceeding 40mg every two weeks. Patients undergoing this treatment should be reviewed every 6 months by a specialist.

## PRODUCTS NOT RECOMMENDED BY THE SASKATCHEWAN REVIEW COMMITTEES:

Note: There will be instances below referencing the Canadian Expert Drug Advisory Committee (CEDAC) decision. Reasons outlining CEDAC's decisions to recommend not listing a product are published on its public website: http://cadth.ca/index.php/en/cdr/search.

- Ethinyl estradiol/cyproterone acetate, tablet, 0.035mg/2mg (21 tablets) (Cyestra-35-PMS)
  Not recommended as the innovator brand is not listed.
- Idursulfase, injection solution, 2mg/mL (Elaprase-RBP)
  This supports the CEDAC recommendation.
- Sitaxsentan sodium, tablet, 100mg (Thelin-Encysive Pharmaceuticals Inc.)
  This supports the CEDAC recommendation.
- Lanthanum carbonate hydrate, tablet, 250mg, 500mg, 750mg, 1000mg (Fosrenol-RBP)
  This supports the CEDAC recommendation.
- Posaconazole, oral suspension, 40mg/mL (Spriafil-SCH)
  This supports the CEDAC recommendation.
- Mesalamine, delayed and extended release tablet, 1.2g (Mezavant-RBP)
  Not recommended as the Committee did not see a need for this additional strength and listing would result in an incremental cost to the Drug Plan and consumers.

- Citalopram hydrobromide, tablet, 30mg (CTP 30-ORX)
  Not recommended as the Committee feels this strength does not offer an advantage over currently listed strengths.

**NEW INTERCHANGEABLE LISTINGS EFFECTIVE APRIL 1, 2008:**

- Brimonidine tartrate, ophthalmic solution, 0.2% (Sandoz Brimonidine-SDZ)
- Citalopram hydrobromide, tablet, 20mg, 40mg (Mint-Citalopram-MNT)
- Clindamycin, capsule, 150mg, 300mg (pms-Clindamycin-PMS)
- Isosorbide-5-Mononitrate, tablet, 60mg (pms-ISMN-PMS)
- Morphine, sustained release tablet, 60mg, 100mg, 200mg (Novo-Morphine SR-NOP)
- Timolol, ophthalmic gel, 0.5% (Apo-Timop gel-APX)

**2008 ACCORDING TO CURRENT EDS CRITERIA:**

- Cefprozil, oral suspension, 25mg/mL, 50mg/mL (Sandoz Cefprozil-SDZ)
- Minocycline, capsule, 50mg, 100mg (pms-Minocycline-PMS)
- Pantoprazole, enteric coated tablet, 40mg (Apo-Pantoprazole-APX) (Ran-Pantoprazole-RAN)

**NEW INTERCHANGEABLE EDS LISTINGS EFFECTIVE APRIL 1,**

**Saskatchewan Formulary Committee**
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**Regina, Saskatchewan S4S 6X6**

Saskatchewan
Health

Drug Plan and
Extended Benefits

*Pharmacy Information*
*Bulletin # 435*
*April 1, 2008*

# Formulary & EDS Updates

Effective ***April 1, 2008*** the following products will be listed as benefits:

| | | | | |
|---|---|---|---|---|
| ***Atenolol** | | | | |
| Gen-Atenolol | 25mg tablet | 02303647 | 0.1908 | I/C |
| ***Brimonidine tartrate** | | | | |
| Sandoz Brimonidine | 0.2% oph sol | 02305429 | 2.2568 | I/C |
| ***Cefprozil** | | | | |
| Sandoz Cefprozil | 25mg/mL oral susp | 02303426 | 0.1201 | I/C EDS |
| Sandoz Cefprozil | 50mg/mL oral susp | 02303434 | 0.2402 | I/C EDS |
| ***Citalopram hydrobromide** | | | | |
| Mint-Citalopram | 20mg tablet | 02304686 | 0.9494 | I/C |
| Mint-Citalopram | 40mg tablet | 02304694 | 0.9494 | I/C |
| ***Clindamycin HCl** | | | | |
| pms-Clindamycin | 150mg capsule | 02294826 | 0.5306 | I/C |
| pms-Clindamycin | 300mg capsule | 02294834 | 1.0612 | I/C |
| ***Ethinyl estradiol/L-Norgestrel - (I/C - Alesse)** | | | | |
| Aviane | 0.02mg/0.1mg tab(21) | 02298538 | 10.5700 | I/C |
| Aviane | 0.02mg/0.1mg tab(28) | 02298546 | 10.5700 | I/C |
| ***Isosorbide-5-Mononitrate** | | | | |
| pms-ISMN | 60mg tablet | 02301288 | .05371 | I/C |
| ***Metoprolol** | | | | |
| Gen-Metoprolol | 25mg tablet | 02302055 | 0.0698 | I/C |
| ***Minocycline HCl** | | | | |
| pms-Minocycline | 50mg capsule | 02294419 | 0.5808 | I/C EDS |
| pms-Minocycline | 100mg capsule | 02294427 | 1.1211 | I/C EDS |
| ***Morphine (I/C - MS Contin)** | | | | |
| Novo-Morphine SR | 60mg SR tablet | 02302780 | 1.0833 | I/C |
| Novo-Morphine SR | 100mg SR tablet | 02302799 | 2.1010 | I/C |
| Novo-Morphine SR | 200mg SR tablet | 02302802 | 3.9060 | I/C |
| ***Pantoprazole** | | | | |
| Apo-Pantoprazole | 40mg tablet | 02292920 | 1.4864 | I/C EDS |
| Ran-Pantoprazole | 40mg tablet | 02305046 | 1.4864 | I/C EDS |
| ***Timolol maleate** | | | | |
| Apo-Timop Gel | 0.5mg oph. gel sol. | 02290812 | 2.9621 | I/C |

* - indicates interchangeable product

## Exception Drug Status Criteria

Effective ***April 1, 2008*** the following products will be available for coverage under Exception Drug Status (EDS):

***Cefprozil, oral suspension, 25mg/mL, 50mg/mL (Sandoz Cefprozil-SDZ)**
New interchangeable, same criteria as other brand listed in Appendix A, page 224.

***Minocycline HCl, capsule, 50mg, 100mg (pms-Minocycline-PMS)**
New interchangeable, same criteria as other brand listed in Appendix A, page 241.

***Pantoprazole, tablet, 40mg (Apo-Pantoprazole-APX) (Ran-Pantoprazole-RAN)**
New interchangeable, same criteria as other brand listed in Appendix A, page 245.

Effective ***April 1, 2008*** the EDS criteria for the following product has been approved for a new indication:

**adalimumab, pre-filled syringe, 40mg/0.8mL (Humira-ABB)**

**For treatment of Crohn's disease:**

**Initially for a 6 month period:** For treatment of moderate to severely active Crohn's disease in patients refractory to or with contraindications to an adequate course of 5-aminosalicylic acid and corticosteriods and other immunosuppressive therapy.
Eligible patients should receive an induction dose of 160mg followed by 80mg two weeks later.
Clinical response to adalimumab should be assessed four weeks after the first induction dose, using criteria such as a 100 point reduction in the Crohn's Disease Activity Index (CDAI).
**Ongoing coverage:** Adalimumab maintenance therapy should only be provided for responders, as noted above, and for a dose not exceeding 40mg every two weeks. Patients undergoing this treatment should be reviewed every 6 months by a specialist.

Effective ***April 1, 2008*** the EDS criteria for the following products has been ***revised*** as indicated:

**almotriptan malate, tablet, 6.25mg, 12.5mg (Axert-JAN); naratriptan HCl, tablet, 1mg, 2.5mg (Amerge-GSK); rizatriptan benzoate, tablet, 5mg, 10mg (Maxalt-MSD); wafer, 5mg, 10mg (Maxalt RPD-MSD); sumatriptan, tablet, 25mg, 50mg, 100mg, injection solution, 6mg/0.5mL; nasal spray, 5mg, 20mg (Imitrex-GXK); zolmitriptan, tablet, 2.5mg (Zomig-AST); orally dispersible tablet, 2.5mg (Zomig Rapimelt-AST)**

For the treatment of migraine headaches in patients over 18 years of age. The quantity limit will remain.

**desmopressin, intranasal solution, 10ug/dose (DDAVP-FEI) (Apo-Desmopressin-APX)**

(a) Diabetes insipidus.
(b) Nocturia in patients with a recognized neurologic disorder which causes detrusor over-activity confirmed by cystogram in the absence of obstruction, who have not responded or are intolerant to at least two anticholinergic drugs.

**telithromycin, tablet, 400mg (Ketek-AVT)**

The following criteria has been revised. The **only** criteria for telethromycin is as follows:
For treatment of pneumonia, known to be resistant or unresponsive to listed alternatives and for pneumonia in patients allergic to listed alternatives.

Please note the following price changes:

**cefixime, tablet, 400mg (Suprax-AVT)**

| | | | | |
|---|---|---|---|---|
| Suprax | 400mg tablet | 00868981 | 3.8008 | Apr 1/08 |

***Omeprazole, tablet/capsule, 20mg (Losec-AST) (Apo-Omeprazole-APX)**

| | | | | |
|---|---|---|---|---|
| Losec (capsule) | 20mg capsule | 00846503 | 1.1935 | Jan 1/08 |
| Apo-Omeprazole | 20mg tablet | 02245058 | 1.1935 | Feb 15/08 |

***Pantoprazole**

| | | | | |
|---|---|---|---|---|
| Apo-Pantoprazole | 40mg tablet | 02292920 | 1.4864 | Apr 1/08 |
| Ran-Pantoprazole | 40mg tablet | 02305046 | 1.4864 | Apr 1/08 |

At the time the stickers were printed Ran-Pantoprazole was the Low Cost Alternative (LCA). Apotex has since matched the price.